

My name is Sandee Koski. I live in Washtenaw County. I am a life long resident of Michigan. My husband and I recently moved from Livingston County where we raised our two children.

I am beyond thrilled that the Michigan Legislature is taking up the issue of seclusion and restraint in public schools. Positive Behavior Supports is an effective tool for eliminating the need for the use of seclusion and restraint. As a parent of a child with a disability, whose behavior can at times be a means of communication, I have been learning and talking about Positive Behavior Supports for over 15 years. Frankly, I lived in fear for eight years that my child would be physically restrained or placed in a seclusion room. I had no choice but to try and educate people about Positive Behavior Supports, in hopes of avoiding such a traumatizing experience for my child.

I am a storyteller and I have a couple of stories to tell you. While living in Livingston County I represented our school district on the Livingston Education Service Agency's Parent Advisory Committee. I was the Chairperson during the time when LESA was building a new school for preschool children and young adults with significant disabilities and complex communication needs. We reviewed the plans and were given periodic updates. When the building was ready to open we were given a tour. The tour included the nurses office. The nurses office included a seclusion room. The seclusion room never appeared on the plans and we were never told about it. It was a small, padded room with the door that had a handle that you could hold down that would keep the door locked and a peep hole to allowed staff to see into the room. LESA had not trained staff on when to use this room, had not developed guideline for its use and had not informed the public. I, along with others, advocated for the removal of this door until LESA developed policies and procedures for using the room and had trained all staff in the building. The last I knew, the door had been removed and the room was being used to store file cabinets.

My fear grew the year my daughter came home from school and told me about a new door, on a room in the hallway next to the Speech Therapist's room. She went on to describe what I knew was a door to a seclusion room. I was told that it had been put there because a student in a LESA run program had it written into their Individualize Education Program (IEP). This was in a building my son would attend in 2 short years. This fear drove me to start talking about Positive Behavior Supports and Behavior as Communication. I worked to develop relationships with building administrators. As a team we began journey to understand my son's need to develop a set of self-regulation and self-management skills and that Positive Behavior Supports was an evidence based practice that could help him learn. I was fortunate to have such a great team!

People talk about managing a student who is throwing books or chairs in a classroom. I will let others tell those stories. I want you to tell you about students who have been physically restrained or locked in a seclusion room because the adult in the situation decided to use their power to control students. I want you to know about a special education classroom where the seclusion room took up a 1/4 of the classroom and a student who was locked in that room for hours. Who stripped off her clothes and peed in a corner because a teacher didn't think the child had regained control enough to be let out. I want to tell you about the elementary student who got up too often and a paraprofessional who put her in a chair, pushed her up to the table and blocked the chair from moving - making it hard for the student to breathe. I want to tell you about two early elementary students whose hands were duck taped to a chair - one for continually eating the dried macaroni he was suppose to be counting and the other for putting her hands in her mouth too much. These children's stories are hidden behind the students who throw books and chairs. These students are traumatized daily, for behavior that is not a danger to anyone. You need to be concerned about them too.

Missing from this discussion is the body of research that tells us that students who experience academic failure have behavior problems in school. Ask Steve Goodman, I am sure he can provide you with a summary of the research. Positive Behavior Supports allows for addressing academic failure as a part of the solution to behavior problems.

Before I get to a few specific comments about the Bills, I want to give each of you a challenge. Do you know if there are seclusion rooms in any of the buildings within your district? If you don't know, then ask a Superintendent if there is one and go visit it. Stand inside. Remember, students do not enter these rooms willingly. They are kicking, screaming, pleading and attempting to flee. Ask someone to close the door and hold it shut. Tell them you

want to remain in that room for 20 minutes and to not let you out no matter how long or loud you scream to be let out. To wait until you demonstrate you have regained control. Only then are you in a position to decide if it should be legal to use them in a public school building.

I have a few comments about the House Bills:

HB 5412 - Please! Remove the language "Developmental Age". This is archaic, obsolete language and an antiquated concept! It is dismissive and demeans and devalues a person. It perpetuates the belief that people with disabilities are child like. **JUST REMOVE IT!**

HB 5412 and 5417 I would like to address the language "to allow a pupil to regain control of his or her behavior". The underlying assumption is that the child has acquired a set of skills to use to "regain control". You are perpetuating the misunderstanding that the child is choosing to demonstrate behavior that is dangerous to themselves or others. This portion of the Bill is about establishing guidelines for the length of time to use emergency restraint and seclusion. The "regain control" language serves no purpose. Well, except one purpose ... It will become the explanation for why it was necessary to extend beyond the time limit: Student had not regained control.

HB 5413 I am requesting that you consider adding the following to the list for school personnel to be encouraged to do:

1. Determine if the student is a student with a disability in need of Special Education programs and services.
2. If the student has already been identified as a student with a disability, determine the need to convene an Individualized Education Program (IEP) team meeting for the purpose of developing a new IEP and consider use of Positive Behavior Supports

If you want Michigan to be one of the Top 10 education States, then it starts with the use of Positive Behavior Supports and the elimination of seclusion and restraint.

Thank you  
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## DEVELOPMENTAL AGE

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## Chronological Age

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Revolutionary Common Sense by Kathie Snow, [www.disabilityisnatural.com](http://www.disabilityisnatural.com)

The “developmental (or functional) age” concept is a disability-world paradigm that should make us halt in our tracks. Many children and adults with disabilities are routinely graded against a “developmental scale.” If a person’s abilities are substantially lower than the “norm,” he may be saddled with a “developmental age.” His chronological age—his real age—is dismissed as irrelevant. From then on, services, education, and even the way he’s treated by family members may be based on his developmental age. Yikes!

For example, if a 15-year-old has a developmental age of 10, he may be *treated* like a 10-year-old, at home, in school, and in other environments. This sets up low expectations, and his opportunities to *be* a 15-year-old are limited or nonexistent! So is there any wonder why he may *seem* like a 10-year-old? He’s simply doing what’s expected of him! This concept reinforces the dangerous “not ready” mentality—a paradigm that actively prevents people from living any semblance of a real life.

A developmental age generally applies to one narrow aspect of a person’s life—like physical, emotional, intellectual, etc.—but it’s often *generalized to the whole person!* This is patently unfair and can cause great harm.

During my son’s kindergarten IEP (Individualized Educational Program) meeting, the physical therapist shared her report with the IEP team. When she read, “Benjamin functions at the level of an eight-month-old,” I thought the kindergarten teacher was going to faint. I, on the other hand, was horrified that my son was portrayed this way. Luckily, five-year-old Benjamin was at the meeting, and his presence refuted this testimony! He was sitting at a little table, “reading” a book out

loud (one of many he had *memorized*). When the kindergarten teacher heard the “eight-month-old” level, she looked from the therapist to Benjamin and back again several times.

I realized the therapist was talking about his “gross motor” skills, and interrupted her report to share this with the others at the meeting. Since Benjamin had never crawled when he was “supposed to” at age eight months, his “development” (gross motor) was—and would be forever, I suppose—“fixed” at the level of an infant. But the therapist did not say, “gross motor development”—she said, “functions at the level of an eight-month-old”! If Benjamin had not been in attendance at that IEP meeting so the teacher could see who he *really* is, his opportunities for inclusion would have been diminished. The teacher would have probably insisted that he could not be in her classroom that year. But his physical presence at the IEP meeting demonstrated that he was definitely not like an eight-month-old!

While doing presentations around the country, I routinely meet parents who have accepted the developmental age mentality. They describe their children by their disabilities, and include a statement like, “Brian is eight, but he functions at the level of a four-year-old.” Egads! Who made this ridiculous presumption? And why would anyone believe it—*especially the child’s own parent?*

Brian might have “tested” at the level of a four-year-old on *one type of assessment or another*, but at age eight, he has double the life experience of a four-year-old, so how in the world can we say he “functions” like a four-year-old?

Let’s use our common sense here! Children who *do not* have disabilities are all over the map in their

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development! A 10-year-old may read like a 13-year-old, play soccer like a 16-year-old, and behave like an eight-year-old—and he's considered "normal!" Then there are adults *without* disabilities, like myself: at the age of 51, I routinely vacillate between acting like a 10-, a 20-, and an 80-year-old. But no one ever puts a developmental or functional age on me! Why, then, do we do this to people with disabilities?

We have mistakenly assumed that treating a person as if he were his developmental age is a good thing. We may even believe, for example, that (1) a child could not be successful if he was educated in a classroom with others of the same chronological age or that (2) an adult could not do a certain type of job because of his developmental age. If you're concerned about a person with a disability "not being at age level," look carefully at his environment and how he's treated. Perhaps he's not "acting his age" because he's not being treated as the age he really is (and wants to be)! *Duh!*

Routinely, young children (with and without disabilities) are held back in kindergarten and the primary grades because it's believed they're "not ready" for one reason or another. But many are recognizing the dangers of this practice. Adults who were held back in school painfully reveal the years of stigma attached to being older than their peers in school. It can become a lifelong legacy of perceived failure that crushes a person's soul.

Furthermore, if we hold a six-year-old back in kindergarten or a special ed preschool, how will being with children who are a year or two years *younger* help him mature? That just doesn't make any sense! And why do we always "blame the child"? Maybe the *teacher* didn't do such a hot job! So why would we compel the child to spend another year with her?

What can we do when someone isn't at the same "functional level" as her chronological age? In some cases, the answer is nothing! Again, children and adults who do *not* have disabilities routinely exhibit a mismatch in their chronological and developmental ages. The "cause" might be situational, environmental, or something else. Sometimes we just need to give people space and time to mature or learn. In other cases, we can provide accommodations, supports, and/or assistive technology devices to help the person master his environment and be who he really is.

When deciding to do nothing or something, let's again use our common sense. If a child, for example, is not quite as mature as his peers, so what? Give him time, *and* ensure he has the opportunities and experiences typical for his chronological age. If he's six, he needs to be surrounded by other six-year-olds so he'll learn how to *be* six.

Keeping him with four-year-olds will only encourage him to remain like a four.

If, however, a six-year-old is thought to be like a two-year-old because he's not talking, he needs a communication device. If a student isn't reading "at grade level," she needs modified reading materials and/or opportunities to learn through methods other than reading.

If a teenager or young adult doesn't "behave" at an "age-appropriate" level, he needs to be with others of a similar age, in positive, supportive environments where he can learn "how to be" that age. People around him need to have high expectations for him, as well as patience. And he may also need behavior supports.

Let's dump the developmental (functional) age concept once and for all. Isn't it time to treat people with disabilities with the respect and dignity they deserve for the number of years they've lived on this Earth?

Treat people as if they were  
what they ought to be and  
you help them to become what  
they are capable of being.

Johann von Goethe